

Joan K. Parr Lyon,
GRANTORS

WARRANTY

TO

DEED

William A. Haynes and Kari L. Hopper,
GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, Joan K. Parr Lyon, do hereby sell, convey, and warrant unto William A. Haynes and Kari L. Hopper, as joint tenants with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 1328, Section G, Greenbrook Subdivision, located in Section 30, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof of record in Plat Book 11, Pages 15-20, in the Chancery Court Clerk's office of DeSoto County, Mississippi.

The warranty in this deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi. Further subject to Avigation Easement to Memphis-Shelby Co. Airport Authority of record in Book 403, Page 195, in the Chancery Court Clerk's office of DeSoto County, Mississippi.

Subject to subdivision restrictive covenants, easements and building lines as recorded in Plat Book 11, Pages 15-20, in the office of the Chancery Clerk of DeSoto County, Mississippi.

I, Louis J. Lyon, spouse of Joan K. Parr Lyon, do hereby join in this instrument for the purpose of conveying any and all homestead rights I may have in the above property.

By way of explanation, the former spouse of Joan K. Parr Lyon, Roger E. Parr, is deceased, a copy of his death certificate being attached hereto.

Taxes for the year 2005 have been prorated, and possession is given with this deed.

WITNESS our signature(s), this the 1st day of August, 2005.

Joan K Parr Lyon
Joan K. Parr Lyon
Louis J. Lyon
Louis J. Lyon

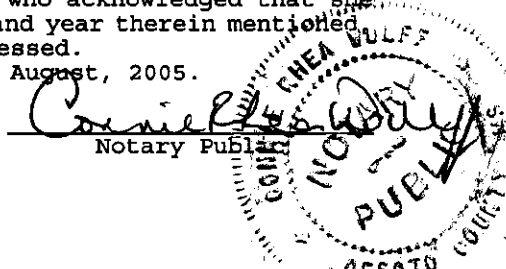
STATE OF MISSISSIPPI:

COUNTY OF DeSoto:

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, Joan K. Parr Lyon, who acknowledged that she signed and delivered the above and foregoing Deed on the day and year therein mentioned as her free act and deed, and for the purposed therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 1st day of August, 2005.

My commission expires: June 17, 2007



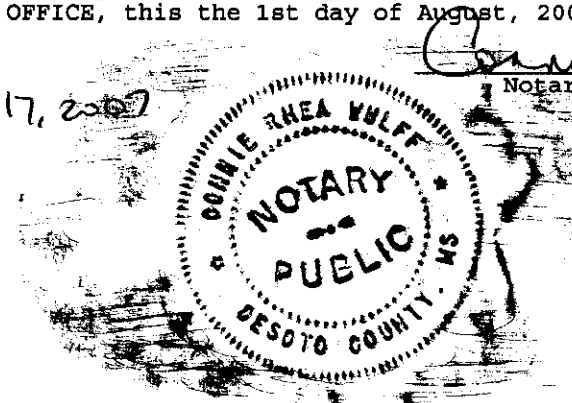
STATE OF MISSISSIPPI:

COUNTY OF DeSoto:

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, Louis J. Lyon, who acknowledged that he signed and delivered the above and foregoing Deed on the day and year therein mentioned, as his free act and deed, and for the purposed therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 1st day of August, 2005.

My commission expires: June 17, 2007



Connie Rhea Vulf
Notary Public

Nowak

Grantors Address:

P.O. Box 83

Southaven, MS 38671

Phone: Res.- 901-550-6185

Bus.- 662-342-1772

Prepared By:

Nowak & Neyman, P.C.
170 West Center St.
Hernando, MS 38632
662-429-7888

Grantees Address:

7720 Fernwood Cove

Southaven, MS 38671

Phone: Res.- 662-404-4056

Bus.- 662-404-4056

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT
WITH BLACK INKFILING
DATE MAR 12 1990

CERTIFICATE OF DEATH

STATE FILE
NUMBER

123-90-02716

DECEASED

1. NAME First: <u>ROGER</u> Middle: <u>E</u> Last: <u>PARR</u>			2. SEX <u>M</u>		3a. HOUR OF DEATH <u>10:19p.m.</u>		3b. DATE OF DEATH (Month, Day, Year) <u>2/27/90</u>		
4. RACE (Specify White, Black, American Indian, etc.) <u>White</u>		5a. AGE AT LAST BIRTHDAY <u>41</u> Years		5b. MOS <u>41</u>		5c. DAYS <u>41</u>		5d. HOURS <u>41</u>	
7b. CITY OR TOWN OF DEATH <u>Southaven</u>		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route, number or other location) <u>Baptist Memorial Hospital-Desoto 178</u>		6. DATE OF BIRTH (Month, Day, Year) <u>May 31, 1948</u>		7a. COUNTY OF DEATH <u>Desoto</u>			
9. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elem/High School</u>		10. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		11. SURVIVING SPOUSE (If wife, give maiden name) <u>Joan Krezanosky</u>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <u>No</u>			
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <u>American</u>		14. SOCIAL SECURITY NUMBER <u>[REDACTED]</u>		15a. USUAL OCCUPATION (Kind of work done most of working life) <u>Maint.</u>		15b. KIND OF BUSINESS OR INDUSTRY <u>Kelloggs</u>			
16a. RESIDENCE-STATE <u>Ms.</u>		16b. COUNTY <u>Desoto</u>		16c. CITY OR TOWN <u>Southaven</u>		16d. INSIDE CITY LIMITS (Specify Yes or No) <u>Yes</u>			
17. FATHER-NAME First: <u>Emmet</u> Middle: <u>Beaver</u> Last: <u>Parr</u>		18. MOTHER-NAME First: <u>Ina</u> Middle: <u>Mae</u> Last: <u>Rogers</u>		16e. STREET AND NUMBER OR RURAL LOCATION <u>7720 Fernwood Cove</u>					
19a. INFORMANT-NAME (Type or print) <u>Joan Parr</u>		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <u>7720 Fernwood, Southaven, Ms. 38671</u>							
20a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		20b. CEMETERY, CREMATORY-NAME <u>Forest Hill South Memphis, Tn.</u>		20c. LOCATION (City and State) <u>Memphis, Tn.</u>		21a. EMBALMER-SIGNATURE AND NUMBER <u>William H. Young 8968</u>			
21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER <u>Memphis Funeral Home</u>		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <u>5599 Poplar, Memphis, Tn. 38119</u>							
22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) <u>RICHARD A KELLY</u>		22b. PRONOUNCED DEAD (Month, Day, Year) <u>ON 2/27/90</u>		22c. PRONOUNCED DEAD (Hour) <u>AT 1019 P.m.</u>					
23a. CERTIFIER-NAME (Type or print) <u>RICHARD A KELLY</u>		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <u>7601 SOUTHCREST SOUTHAVEN MS</u>							
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated SIGNATURE <u>[Signature]</u> MD 24b. DATE/SIGNED (Month, Day, Year) <u>2/27/90</u>		24c. STATE LICENSE NUMBER <u>11375</u>		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) <u>WILLIAM Mc CLATCHBY</u>					
24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <u>[Signature]</u>		24f. TITLE <u>UNKNOWN</u>							
24g. DATE SIGNED (Month, Day, Year) <u>2/27/90</u>									
25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) <u>MYOCARDIAL INFARCTION</u> (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death <u>UNKNOWN</u>							
26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		Interval between onset and death							
27. AUTOPSY (Yes or No) <u>No</u>		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <u>No</u>							
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) <u>No</u>		29b. DATE OF INJURY (Month, Day, Year) <u>No</u>		29c. HOUR OF INJURY <u>No</u>		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED <u>No</u>			
29e. INJURY AT WORK (Yes or No) <u>No</u>		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) <u>No</u>		29g. LOCATION <u>No</u>		Street or route number City or town State			

If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items

For RESIDENCE items, enter actual location of home rather than mailing address

PARENTS

INFORMANT

DISPOSITION

PRONOUNCEMENT

CERTIFIER

Mississippi State Board of Health
Form No. 511
Revised 1-1-89

CAUSE OF DEATH

Conditions, if any, which gave rise to immediate cause stating the underlying cause last

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE.

Alton B. Cobb, M.D.
Alton B. Cobb, M.D.
STATE HEALTH OFFICER

AUG 14 1990

David Lohrlich
David Lohrlich
STATE REGISTRAR

WARNING: It is illegal to alter or counterfeit this copy.

